

NAME: _____

IMMUNIZATIONS

TB – Tuberculosis

TB Skin Test Date Read: _____
-OR-

T-Spot blood test or Quanti-FERON-TB Gold Date Read: _____
-OR-

Chest X-ray Date Read: _____ + PROOF OF *POSITIVE* TB TEST Date Read: _____

Measles, Mumps, & Rubella

MMR #1 Date Given: _____ + MMR #2 Date Given: _____
-OR-

MMR Titer Date Read: _____

Varicella

Varicella #1 Date Given: _____ + Varicella #2 Date Given: _____
-OR-

Varicella Titer Date Read: _____

Tdap

Tdap Vaccine Given: _____
-OR-

Signed Tdap declination form _____

Hep B

Hep B #1 Date Given: _____ + Hep B#2 Date Given: _____ + Hep B#3 Date Given: _____
-OR-

Hep B Titer Date Read: _____
-OR-

Hep B Declination Form

COVID-19

COVID-19 Vaccine Dates Given: _____

Medical documentation of TWO COVID-19 Vaccines administered

Flu (If onsite October-April)

Flu Vaccine Date Given: _____

Medical documentation of ONE Flu Vaccine administered AFTER August 1st of current calendar year

NAME: _____

GENERAL

- Background Check Clearance
- 10-Panel drug screen (completed within last 6 months)
- Confidentiality Agreement
- HIPAA Privacy and Information Security Training Certificate Number and/or Date completed _____
- Use of Mobile Devices and Removable Media Certificate Number and/or Date completed _____
- COVID-19 Training Certificate Number and/or Date completed _____
- Safe Patient Handling Training Certificate Number and/or Date completed _____
- Annual Online Training Certificate Number and/or Date completed _____

INTEGRATIVE MEDICINE

- Job Description and/or Signed Letter of Invitation from Integrative Medicine Coordinator / Host Facility
- Professional License (Massage Therapist or Esthetician)
- Professional Liability Insurance listing Host Facility as Additionally Insured
- Certificate of Completion - Greet The Day Oncology Massage
- Certificate of Completion - Greet The Day Infusion Center Massage